

Success Story
PHHS Block Grant in Maine

Name of State Program: Behavioral Risk Factor Surveillance System (BRFSS)
Name of Project: BRFSS
Funding: Preventive Health and Health Services Block Grant, CDC

Issue:

- Chronic diseases and injury account for the vast majority of premature death, illness and disability among Maine residents. Behaviors linked to these health problems are referred to as behavioral risk factors and they include cigarette smoking, overweight, uncontrolled hypertension, high cholesterol, lack of physical activity, lack of safety belt use, heavy alcohol consumption, and non-utilization of preventive health-screening such as mammography.
- These risk factors are often the only indicators available to understand the potential burden of chronic disease and to use for planning, implementation and evaluation of public health intervention and control programs that target the prevention of chronic disease.
- Until the development of the BRFSS, there were no reliable measures of behavioral risk factors at the state level. Maine is one of 50 states and territories that conduct the BRFSS in collaboration with CDC. The BRFSS is used to determine the prevalence of behavioral risk factors that may lead to premature mortality, morbidity and disability.

Intervention:

- The BRFSS is a continuous, random-digit-dial telephone survey of Maine residents who are age 18 and older. A telephone survey is the most direct and cost effective way of determining the distribution of behavioral risk factors among a population. In addition to the cost advantages, the necessary expertise and resources for conducting area probability sampling for in-person household interviews are not available. Survey data provide quantitative measures to use in planning, implementing, monitoring and addressing health-related programs.
- Maine BRFSS provides information on the Maine BRFSS website, by a general mailing list, at meetings and events, and by request. Information is also supplied to the press who use the data in newspapers that are distributed across the state.

Impact:

BRFSS is the only source of state-specific estimates for many health behaviors, conditions and preventive health practices. Without this, many programs would have no other way to collect needed information. For example:

- The Asthma program would not be able to assess the severity of asthma in the adult population or estimate work related asthma
- The Maine Breast and Cervical Health Program currently has no other data source within the state to estimate population-based screening rates for Mammograms or Pap Tests
- BRFSS is the only source for data on sun protection usage behaviors for the Maine Comprehensive Cancer Control Program
- The Oral Health Program uses the data to help direct program planning activities, determine program priorities, guide collaborative activities related to increasing access to dental care, and contribute to oral health policy development. Data is shared with their grantees and community partners as part of their ongoing collaboration efforts. In turn, these groups use the data to identify local priorities and determine program activities within their organizations and communities.
- The Radon Control Program uses data to track radon goals in both the Healthy Maine 2010 document and for the State Indoor Radon Grant program.

Programs within the Maine Bureau of Health (BOH) regularly use the data. Individual BOH programs have specific constituencies to whom they disseminate tailored information. Data collected by the survey are also used by public, private and non-profit entities and by individual researchers, health care personnel and students. The data are used for many health related functions including: assessing health of Maine communities, program planning, development, implementation and evaluation, and financial planning.

Success Story

PHHS Block Grant in Maine

Name of State Program: Community Health Promotion Program
Name of Project: 2003-2004 Community Health Assessment Minigrants
Funding: Preventive Health and Health Services Block Grant, CDC

Issue:

- With one exception, Maine has no full local government departments of public health.
- By 2003, CHPP was working directly with over 40 community health improvement initiatives across Maine that had emerged or been established to deliver comprehensive, or chronic disease focused, health promotion services to local communities [*Healthy Communities* and *Healthy Maine Partnerships*]
- An evaluation report was issued from the Colorado Trust's 26 ten year old Healthy Communities sites indicating that community health assessment was critical to effectiveness and sustainability of community health coalitions.
- A quick scan of Maine's variable age initiatives indicated that most community health assessments were outdated, incomplete, nonexistent, and/or not accessible to stakeholders, challenging effectiveness in local program planning and resource development.

Intervention

- In January 2003, CHPP and the Healthy Maine Partnership collaboratively announced the availability of minigrants that included Block Grant funds to all local community health partners to conduct or enhance a current comprehensive community health assessment, based on local status of need. For these purposes comprehensive assessment was defined as having three components: secondary data, community opinion, and a local inventory of assets.
- The PHHSBG-funded CHPP staff led the collaborative effort with the Senior Manager of Healthy Maine Partnerships and Bureau of Health chronic disease epidemiologists provided (1) a full day training on Orientation to Community health Assessment, (2) a hands-on training on Orientation to Data and Visuals and (4) a later follow-up Review and Lessons Learned meeting to share products and information by all parties and (5) created a draft technical assistance guide listing all recommended indicators with web links and provided telephone-based consultation, review and editing services throughout.

Impact:

- A total of 23 assessment reports were turned in to CHPP.
- Comprehensive assessment documents produced variably included: printed full color reports with tables and narratives; copies in pdf placed on initiative websites, excerpts in powerpoint or newspaper reproduction, CD-ROM copies distributed to local agencies, and presentations to citizens, town officials, and state legislative representatives.
- Initial impacts: anecdotally, community initiative staff, with varied degrees and skill sets, were empowered to learn they could themselves work with data. Capacity was built by initiatives in learning types and sources of data, web-based secondary data collection, data warehouse design, data analysis, and writing and formatting accessible reports. Stories were received that local grant writers and officials were pleased to have a resource to help draw down additional resources; that the assessment promoted the initiative and recruited additional partners and stakeholders; and that it served as a tool to build social capital and a common micro-regional identity among towns covered by the initiatives. In some cases community health assessment processes dovetailed with local municipal land use planning activities.
- Secondary impacts include: (a) at least 5 local initiatives not ready for such a project have now indicated readiness to conduct an assessment and requests for CHPP guidance. (b) other state programs and organizations have reviewed or built upon the assessments and skilled initiative staff (b) many of the original initiatives are active advocates for assurance that the role of micro-region community health assessments is recognized in the emerging new State Health Plan.

Success Story
PHHS Block Grant in Maine

Name of State Program: Maine Cardiovascular Health Program
Name of Project: GCPFSHW
Funding: Preventive Health and Health Services Block Grant, CDC

Issue:

- Cardiovascular disease (CVD) is the leading cause of death in Maine.
- In 2000, 4,541 people in Maine died of cardiovascular disease.
- In 2002, insurance companies and citizens paid hospitals more than \$474 million for hospitalizations for CVD. Medicare or Medicaid payments covered 78% of those charges.
- Overweight and obese adults are more likely than adults at a healthy weight to develop CVD.
- Obesity is increasing in Maine at an alarming pace. In 1995, 14.1% of adults reported being obese; in 2003, 19.9% were obese. Overweight was reported at 37.6% in 1995 and 38.3% in 2003.
- Overweight and at risk for overweight among Maine children and adolescents is showing an alarming trend. In kindergarten, 15% of students are overweight and 21% at risk for overweight, 13% and 18% respectively for middle school, and 13% and 15% respectively for high school students.
- Overweight adolescents have a 70% chance of becoming overweight or obese adults.

Intervention:

- The MCVHP has provided funds to support activities of the Governor's Council on Physical Fitness, Sports, Health, and Wellness

Impact:

- Produces a newsletter twice a year.
- Designed and launched a web site that provides information on the Council's various events - www.mainephysicalactivity.org.
- ACES (All Children Exercising Simultaneously) held the first Wednesday in May. In 2004 there were over 22,000 participants.
- Holds an annual Legislative Fitness Day where various health risk appraisals are provided free to legislators and state house office staff. Promotional materials on physical activity and good nutrition are also distributed.
- Holds an annual Contest for Communities celebration event honoring people who are involved in promoting physical activity. Awards are presented in the following categories: youth, special populations, adult, healthy workplace, community, and lifetime achievement.
- Leveraged their work to develop and launch a pedometer project (*Maine in Motion*) with private funding. Launched the pilot phase of the program in September 2004 with over 300 participants. Is launching a program with the 5th grade classrooms in Maine schools starting March 20, 2005. Over 5,000 students and teachers are participating.

Intervention:

- The MCVHP has provided funds to support activities of the Maine Cardiovascular Health Council

Impact:

- Promotes use of evidence-based guidelines to address cardiovascular risk factors by sponsoring trainings for health professionals. May 2004, "Cardiovascular Disease and Cholesterol Update and Screening" was held.
- The Cardiovascular Health Summit, "Unlocking the Heart of a Woman: Understanding Gender and its Effect on Heart Disease" was held June 2004.
- Designed and launched its own web site – www.maineheartdisease.org.

Produces a Council newsletter two times per year.

Success Story
PHHS Block Grant in Maine

Name of State Program: Bureau of Health, HIV, STD, and Viral Hepatitis Program
Name of Project: STD Program
Funding: Preventive Health and Health Services Block Grant, CDC

Issue:

- In Maine, 214 cases of gonorrhea were reported for 2004.
- In Maine, 2,119 chlamydia cases were reported for 2004.
- In Maine, 46 cases of HIV were reported for 2004.

Intervention:

- PHHS Block Grant funding amounting to \$23,810 per year is used to purchase approximately one half of a Disease Intervention Specialist (DIS) position in the community. The job of a DIS is to provide disease intervention outreach activities and epidemiology with patients, partners, and associates suspected of having a sexually transmitted disease (STD), including HIV/AIDS, to provide public health disease control through investigation, education, analysis and control of disease exposure and to reduce complication developments associated with these diseases.
- PHHS Block Grant funding amounting to \$2,680 per year is used to purchase treatment for approximately one thousand (1,000) individuals and their partners without health insurance who test positive for chlamydia and gonorrhea.

Impact:

DIS staff time purchased with PHHS Block Grant funds:

- Resulted in 24 cases of gonorrhea investigated and treatment provided and/or verified for these individuals
- Resulted in 24 partners of people diagnosed with gonorrhea infection located and offered treatment and education
- Resulted in 20 partners receiving treatment for gonorrhea
- Resulted in 51 cases of chlamydia investigated and treatment provided and/or verified for these individuals.
- Resulted in 33 partners of people diagnosed with chlamydia infection located and offered treatment and education
- Resulted in 20 partners receiving treatment for chlamydia

STD medications purchased with PHHS Block Grant funds:

- Resulted in 910 individuals diagnosed with chlamydia infection and their partners receiving medical treatment for their infection
- Resulted in 90 individuals diagnosed with gonorrhea infection and their partners receiving medical treatment for their infection

Impact on HIV

- Individuals with a STD are 2 to 5 times more likely than uninfected individuals to acquire HIV if they are exposed to the virus through sexual contact.
- Individuals living with HIV who are infected with another STD are more likely to transmit HIV through sexual contact than other HIV infected persons.
- The work of the DIS to intervene in the spread of STDs and the ability of the HIV, STD and Viral Hepatitis Program to provide medication at no cost to individuals without health insurance can help reduce the spread of HIV.

Success Story
PHHS Block Grant in Maine

Name of Agency: Bureau of Health, Maine Department of Health and Human Services
Name of Project: Vaccine-Preventable Diseases – Rabies Prevention and Control

Issue:

- The PHHS Block Grant supports Maine's rabies surveillance effort as well as prevention and control efforts through education of health care practitioners in appropriate administration of Post-Exposure Prophylaxis (PEP) for suspected rabies exposure in humans.
- The Bureau of Health staff assists animal control officers, public safety officials, health care providers, and members of the public to determine a course of action when a suspected rabies-associated event occurs, including animal-to-human and animal-to-animal bites.

Issue illustrated by case:

- A Maine pediatrician called the State Public Health Veterinarian concerning a child who'd been bitten by the family dog (a Cockapoo); the child and dog had been alone together in the closed bathroom unobserved by adults. The dog was available for quarantine. It had previously been immunized against rabies, but was not current at the time of the bite.
- As a result of the bite, the child's ear was severely damaged. The child's physician classified the dog bite as unprovoked.
- The physician started the child on rabies PEP. The child had received Rabies Immune Globulin (RIG) and rabies vaccine injection #1 and #2, but had subsequently developed a rash. The physician was not aware that two types of rabies vaccine were available, and was unsure which one had been used in this case.
- The physician was extremely concerned about the risk of rabies for this child, especially now that there was increased potential for anaphylaxis if PEP was continued.

Intervention illustrated by case:

- The Maine State Public Health Veterinarian explained to the physician that this was a low-risk situation, because the indoor dog (although not current) had a good vaccination history, this bite was probably provoked, and the dog was available for quarantine.
- It was recommended that the dog should be placed in a 10 day rabies quarantine, and that rabies PEP should be discontinued pending the quarantine results.
- The physician was informed that both Human Diploid Cell Vaccine (HDCV) and Purified Chick Embryo Cell (PCEC) rabies vaccine are licensed and efficacious for human rabies PEP, and it should be determined which was used in this case, to possibly provide rabies PEP options in the future if this child requires it.

Impact:

- The ability to consult subject matter experts results in improved compliance with and appropriate use of PEP among clinical providers, both reducing the risk of human rabies and the incidence of administering rabies PEP incorrectly or when it is not warranted.

Impact illustrated by case:

- Increased physician understanding of the criteria that justify human rabies PEP and treatment options.
- Increased physician knowledge of quarantine procedures and how they can impact treatment options for potential rabies exposure.
- The child was not further exposed to unneeded treatment and its associated costs and risks.

This case illustrates the need for the availability of personnel and subject matter expertise for on-demand consultation by Maine's health care providers. Meeting this need is possible through the PHHS Block Grant, which is vital for Maine's continued success in this and every other facet of its rabies prevention and control program.

Success Story
PHHS Block Grant in Maine

Name of State Program: Oral Health Program
Name of Project: Dental Services Development and Subsidy Programs
Funding: Preventive Health and Health Services Block Grant, CDC

Issue/Background:

- In 1999, with a minimal public infrastructure for oral health and very few community-based dental clinics and oral health programs, Maine's Legislature allocated funds from Maine's tobacco settlement award (1) to encourage the development and expansion of community based oral health programs and of community-based oral health education and case management services and (2) for a subsidy program for community dental services programs. With support from the PHHSBG, the Oral Health Program is responsible for development, coordination, and management of the funding programs.

Intervention:

- The Oral Health Program awards development grants to support activities contributing to the start-up of public or private nonprofit oral health care programs. Expansion grants are made to existing community based programs with the general objective of increasing their capacity to provide services. Case management awards can fund case management functions, and develop community education and oral health education components. The projects funded in this category must have a relationship to a community based oral health program (or programs) that provide dental services to demonstrate a source of referral to care. Since inception of the Dental Services Program, there have been several rounds of grant awards in these categories, starting with one year grants. Current grants are for 2½ years, through June 30, 2006, and combine development and expansion as a continuum of activity.
- The Oral Health Program developed and manages a funding program to subsidize the provision of oral health care to persons without insurance coverage for that care. The subsidy program awards yearly contracts on an eligibility rather than a competitive basis. The intent of the Dental Services Subsidy Program is to assist qualified community programs in maintaining fee structures that will keep their services financially accessible to potential patients.

Impact:

- Agencies in all of Maine's 16 counties have received funding through the Dental Services Development and Subsidy Programs. Many of these agencies have successfully used their grants to leverage additional funds from other sources.
- Support from this funding program has helped start up several new dental centers, contributing to about a 50% increase in the number of dental clinics statewide. Grants have also been used to assist in renovations and expansions that resulted in increased clinical capacity at several existing sites.
- One community action program added a dental hygienist to its staff to provide preventive dental care through the WIC program to preschoolers without a regular dentist. Based on one year's support and success, the agency decided to retain and further expand this program. Another community action program developed systems for accessing preventive services for Head Start children and a referral protocol for obtaining restorative care. Volunteer-based programs in two counties use their funding to support strong networks for dental referrals to provide acutely needed care for people who could otherwise not obtain services. One agency incorporates a voucher program with area dentists; the other recently hired a part-time dental hygienist in order to help reduce the waiting time for restorative care.
- The private, non-profit dental agencies that participate in the Dental Services Subsidy Program provide dental services to over 30,000 people throughout the state. The subsidy is available for about one-fourth to one-third of the patients seen, and about 40% of the visits were for MaineCare members who received dental services not covered by MaineCare.
- The Subsidy Program helps participating programs maintain fee scales at levels that are affordable to the patients they are committed to serve, especially at the low ends of sliding fee scales, and is described as "critical to our ability to provide care to the disproportionate numbers of patients without insurance who are served." More patients at the lower end of the fee scale can be seen at rates that they can afford -- better meeting dental center goals to serve people who would not otherwise get needed dental care.

Success Story
PHHS Block Grant in Maine

Name of State Program: Healthy Maine Partnerships
Name of Project: Dental Services Development and Subsidy Programs
Funding: Preventive Health and Health Services Block Grant, CDC

Issue:

- Each year thousands of Maine residents die from chronic diseases that are strongly related to tobacco use (and second-hand smoke), physical inactivity, and poor nutrition. The number of deaths in Maine from heart disease, diabetes, and cancer was 3,164, 405, and 3,202, respectively, in 2002.
- Maine is one of only three remaining states nationwide who have continued to use their tobacco settlement dollars for the purpose which the tobacco settlement was for, and at CDC's suggested level of funding.
- With the settlement dollars, Maine formed 31 community and school partnerships called the Healthy Maine Partnerships (HMP). HMP's are tasked with creating environments and policies that support and provide more opportunities for people to be physically active, to live a tobacco/smoke-free life, and access to healthier food choices.

Intervention:

- State HMP programs/departments (Maine Cardiovascular Health Program, Partnership For a Tobacco Free Maine Program, Community Health Promotion Program, Physical Activity and Nutrition Program, and the Department of Education) collaborate on many initiatives and combine contracts with vendors to save resources, and to provide more cohesive interventions, projects, and products.
- The state HMP programs/department also work collaboratively with the 31 local Healthy Maine Partnerships providing technical assistance, resources, and linkages to create change on both the local and statewide levels. The state level HMP receives input and information on grass-root efforts that have contributed to the success of the entire Healthy Maine Partnership initiative.

Impact:

The success of the Healthy Maine Partnership has lead to many accomplishments. The Healthy Maine Partnerships have created over 250 policy and environmental changes locally and/or statewide. Below are just a few policy and environmental changes that have occurred due to the collaborative synergy of HMP:

- The first smoke-free ski resort policy, in the US, was passed and implemented. At Black Mountain in Rumford Maine.
- A statewide committee of state and local level HMP's was formed to work on smoke-free public housing. This grew out of the Lewiston/Auburn HMP effort with local public housing developments, which developed and passed the first smoke-free public housing policy in Maine.
- Many schools with an HMP School Health Coordinator have made changes to their vending machines. These changes either limit access to vending machines (only available at certain times), or completely changed what is offered in vending machines. Some have taken soda machines out and replaced them with milk, water, and 100% fruit juices as well as replacing high fat and sugar snacks with lower fat/lower sugar options. 68% of HMP schools prohibit the sale of soda in their vending machines. (2004, Environmental Indicator Study)
- Several HMP towns have passed outdoor smoke-free recreation and/or park policies. For example, the City of Portland and the Town of Gardiner have both passed smoke-free public park policies and smoke-free playing field policies.

Success Story
PHHS Block Grant in Maine

Name of State Program: Maine Bureau of Health, HIV, STD, and Viral Hepatitis Program
Name of Project: Hepatitis C Testing and Counseling Program
Funding: Preventive Health and Health Services Block Grant, CDC

Issue:

- The Healthy Maine 2010 objective for hepatitis C is to identify 35% of those infected. This is achieved through increased screening for hepatitis C virus infection.
- In addition, the 2001 Hepatitis C Needs Assessment: “At the Crossroads: Hepatitis C Infection in Maine” found that:
 - Only 1 in 10 Mainer’s infected with hepatitis C were aware of their status.
 - Screening tests for hepatitis C infection were not readily made available or accessible to those at highest risk for infection.

Intervention:

- PHHS Block Grant funding in the amount of \$32,235 per year is used to purchase hepatitis C EIA test kits, mailing labels, and specimen processing to support 18 HCV testing sites in 11 of 16 counties in the State of Maine.
- Each testing site is located in a setting where high-risk individuals can obtain a free anti-HCV screening test. Sites include a methadone maintenance facility, family planning, STD clinics, Indian Health Centers, and rural health centers.
- Each person tested receives pre- and posttest counseling and referrals to the appropriate services such as substance abuse, MaineCare, primary provider, homeless shelter, etc.
- Testing sites provide staff time and resources for free.

Impact:

- Through PHHS Block Grant funding, the Bureau of Health is able to offer financially and geographically accessible hepatitis C testing to persons at the highest risk for infection. No other such program exists in the State.
- Early identification of hepatitis C infection is crucial because earlier rather than later intervention can help prevent progression to serious liver disease or death.
- To date, 188 (19%) of 996 high-risk persons tested through the Hepatitis C Testing and Counseling Program have evidence of hepatitis C virus infection. Sixty-nine percent of those testing positive are between 18-39 years old.
- One hundred and thirteen (60%) of the 188 positive cases first learned about their infection through this testing and counseling project.
- Creation of this project has helped the Bureau of Health to exceed the Healthy Maine 2010 goal of identifying 35% of the estimated 20,000 Mainer’s infected with hepatitis C.

Success Story
PHHS Block Grant in Maine

Name of State Program: Maine Bureau of Health, Tuberculosis Prevention and Control Program
Name of Project: Tuberculosis Prevention and Control Program
Funding: Preventive Health and Health Services Block Grant, CDC

Issue:

- In 2002 – 2003, an outbreak of pulmonary tuberculosis occurred among homeless men in Portland, Maine. More than 1000 shelter staff and residents were exposed to the eight infected men. It is critical that infected contacts of TB cases be promptly identified and treated, because newly exposed and infected contacts will be the TB cases of tomorrow. Public health workers and homeless services providers are collaborating to prevent further transmission of TB.

Intervention:

- During the winter of 2004, a *TB Prevention Shelter Work Group* (TBPSWG) was established to respond to the urgent need for TB prevention and case-finding in homeless shelters.
- The work group was comprised of homeless services providers and representatives from the Maine State Housing Authority, Maine Bureau of Health and the Portland Public Health Division.
- The TBPSWG represents a critical partnership between public health entities and the social services support system that interfaces with homeless men and women throughout the state.

Impact:

- Through the efforts of these dedicated public health workers and homeless advocates, the document “Tuberculosis Prevention and Control Recommendations for Homeless Shelters in Maine” was developed.
- The document includes a “Tool Kit” attachment for front line shelter staff. It was distributed to Maine’s homeless shelter network in March of 2005 and will be available on the State website on April 11th.
- Funding from the federal Prevention Block Grant made the development of the shelter guidelines possible.